

Communities Committee

Item No.....

Report title:	Performance management report
Date of meeting:	11 May 2016
Responsible Chief Officer:	Tom McCabe (Executive Director of Community and Environmental Services)
Strategic impact Robust performance management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.	

Executive summary

This is the first performance management report to this committee that is based upon the revised Performance Management System, which was implemented as of 1 April 2016, and the committee's 29 vital signs indicators.

Details of the revised Performance Management System are available in the 16 March 2016 Communities Committee 'Performance monitoring and risk report' on the Norfolk County Council web site at

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/471/Committee/12/Default.aspx>

Performance is reported on an exception basis using a report card format, meaning that only those vital signs that are performing poorly or where performance is deteriorating are presented to committee. To enable Members to have oversight of performance across all vital signs, all report cards will be made available to view through Members Insight. To give further transparency to information on performance, for future meetings it is intended to make these available in the public domain through the Council's website.

Of the 29 vital signs indicators that fall within the remit of this committee, the following have met the exception criteria and so will be discussed in depth as part of the presentation of this report:

- Status of Norfolk Resilience Forum plans where Norfolk County Council is the lead agency – Norfolk Fire and Rescue Service/Public Safety
- Quality of Looked After Child Review Health Assessments (Under 5 years) – Public Health
- HIV late diagnosis – Public Health
- Successful completion of drug treatment – Public Health.

Recommendation:

Review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required (refer to list of possible actions in Appendix 1).

1. Introduction

- 1.1. This is the first performance management report to this committee that is based upon the revised Performance Management System, which was implemented as of 1 April 2016, and the committee's 29 vital signs indicators.
- 1.2. This report contains:
 - A Red/Amber/Green rated dashboard overview of performance across all 29 vital signs indicators
 - Report cards for those 4 vital signs that have met the exception reporting criteria.
- 1.3. The full list of vital signs indicators was presented to committee at the 16 March 2016 meeting. Since then, the indicators have been reviewed by the Chairman and Vice-Chairman, the Community and Environmental Services departmental management team and the Director of Public Health. In addition, the finalisation of the report cards for each of the vital signs has necessitated some technical changes being made. The amendments that have been made to the original 29 vital signs indicators are summarised below:

Removed

- NFRS - Economic cost of fire and emergencies
- NCLS - Full cost recovery and business plan on target and on budget
- NCLS – Number of apprenticeships
- NLIS – Number of people who have been supported to develop digital literacy skills

Added

- NFRS - Emergency Response Standards
- NFRS - On call fire station viability
- NCLS – Apprenticeship funding utilisation
- PH – Teenage pregnancy.

Further development

- CES - Individuals, communities and public service working better together
- NCLS - Quality measures: learner success; tutor performance
- NCLS - Number of learners supported into employment
- PH – Health and wellbeing measure
- CS - The percentage of Norfolk Households with an online account.

The revised list is in Appendix 2.

2. Performance dashboard

- 2.1. The performance dashboard provides a quick overview of Red/Amber/Green rated performance across all 29 vital signs. This then complements that exception reporting process and enables committee members to check that key performance issues are not being missed.

2.2 Communities committee dashboard

Monthly Indicators	Bigger or Smaller is better	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Target
Number of people killed and seriously injured on Norfolk's roads - HW	Smaller	407	408	409	402	404	403	405	409	402	385	371			375
Income and external funding successfully achieved as a % of overall revenue budget - CES	Bigger		2.0%	4.0%	6.0%	8.0%	10.0%	12.0%	14.0%	16.0%	20.0%	22.1%	18.0%	19.0%	17.8%
Library visits – physical and virtual - NLIS	Bigger		0.8m	0.8m	0.8m	0.9m	0.8m	0.8m	0.9m	0.8m	0.8m	1.1m	1.1m	1.0m	
% of active children and young people library users against population - NLIS	Bigger											33.6%			
% of older people who are active library users against population - NLIS	Bigger											19.3%			
Apprenticeships funding utilisation - NCLS	Bigger	£134.0k	£158.8k	£181.2k	£202.9k	£224.8k	£23.2k	£47.6k	£72.6k	£99.8k	£122.9k	£146.3k	£169.2k	£192.2k	£162.9k
% of learners supported into employment - NCLS	Bigger														
Norfolk Record Office Visits - physical and virtual inc.learning groups - NRO	Bigger	128.3k	11.0k	21.2k	31.5k	42.6k	52.9k	64.0k	76.2k	87.3k	95.7k	106.9k	119.0k	130.0k	128.3k
Museums visits – total visitors and school visits - NMAS	Bigger	396.8k	37.5k	74.1k	103.5k	144.4k	194.1k	229.3k	268.0k	289.9k	307.2k	330.0k	362.7k	396.1k	333.3k
Performance against our Emergency Response Standards - NFRS	Bigger	79.4%	76.6%	81.5%	79.5%	73.8%	73.1%	76.2%	78.0%	77.6%	79.3%	78.2%	78.1%	79.4%	80%
Retained fire station availability - NFRS	Bigger	86.9%	86.9%	84.3%	84.3%	85.9%	81.5%	85.3%	86.4%	87.5%	87.3%	89.0%	86.6%	86.8%	90%
% of businesses that are compliant - TS	Bigger		94.3%	94.4%	94.1%	93.5%	93.1%	94.9%	94.3%	93.6%	93.5%	96.8%	96.3%	96.4%	94%
Status of Norfolk Resilience Forum plans to where NCC is lead agency - RES	Bigger		60%	60%	60%	60%	60%	60%	60%	75%	75%	75%	81%	71.4%	100%
The percentage of Norfolk Households with an online account - CS	Bigger														
Customer satisfaction with access channels - CS	Bigger	84%	89%	92%	91%	94%	95%	95%	95%	96%	95%	95%	95%	96%	90%

[illegible]

The number of inactive people who are supported to access sport and physical activity by Active Norfolk - AN	Bigger														
Investment in sport & physical activity levered in by Active Norfolk - AN	Bigger														
Strategic investment by Arts Council England in cultural organisations and initiatives in Norfolk - NMAS	Bigger											£6.0m	£7.3m		
Provisional overarching Health and Wellbeing Index for Norfolk (in development) - PH	Bigger														

Note – where cells have been greyed out this indicates: that data is not available due either to the frequency of reporting or the vital sign being under development. In this case, under development can mean that the vital sign has yet to be fully defined (eg. Individuals, communities and public service working better together) or that baseline data is being gathered (eg. Active People participation data).

Key to services:

- AN – Active Norfolk
- CS – Customer Services
- CES – Community and Environmental Services Department
- HW - Highways
- NCLS – Norfolk Community Learning Service
- NFRS – Norfolk Fire and Rescue Service
- NLIS – Norfolk Library and Information Service
- NMAS – Norfolk Museums and Arts Service
- NRO – Norfolk Record Office
- PH – Public Health
- RES - Resilience
- TS – Trading Standards.

3. Report cards

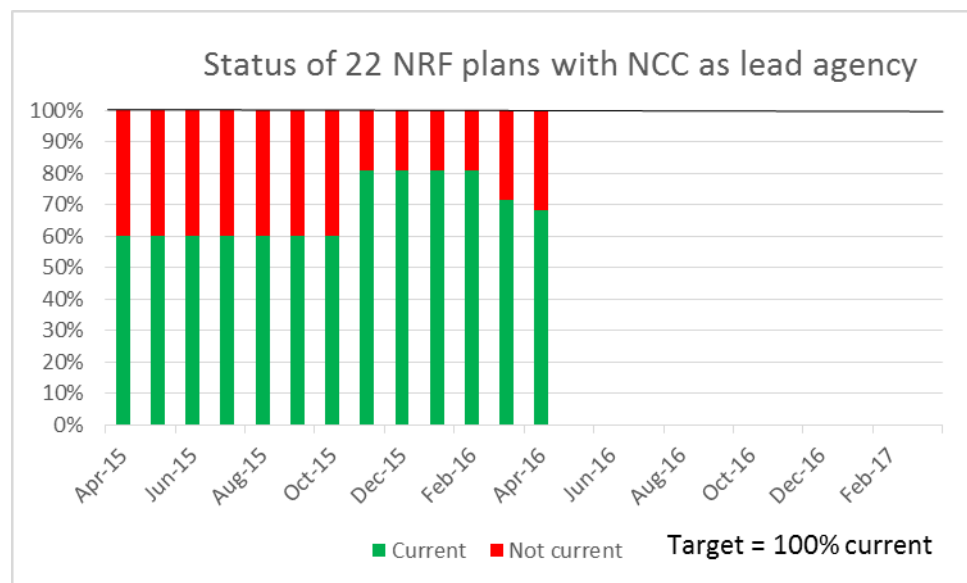
- 3.1. A report card has been produced for each vital sign, as introduced in March's performance report. It provides a succinct overview of performance and outlines what actions are being taken to maintain or improvement performance. The report card follows a standard format that is common to all committees.
- 3.2. Each vital sign has a lead officer, who is directly accountable for performance, and a data owner, who is responsible for collating and analysing the data on a monthly basis. The names and positions of these people are clearly specified on the report cards.
- 3.3. Vital signs are to be reported to committee on an exceptions basis. The exception reporting criteria are as follows:
 - Performance is off-target (Red RAG rating or variance of 5% or more)
 - Performance has deteriorated for three consecutive months/quarters/years
 - Performance is adversely affecting the council's ability to achieve its budget
 - Performance is adversely affecting one of the council's corporate risks.
- 3.4. Performance is reported on an exception basis using a report card format, meaning that only those vital signs that are performing poorly or where performance is deteriorating are presented to committee. To enable Members to have oversight of performance across all vital signs, all report cards will be made available to view through Members Insight. To give further transparency to information on performance, for future meetings it is intended to make these available in the public domain through the Council's website.
- 3.5. These will be updated on a monthly basis. In this way, officers, members and the public can review performance across all of the vital signs at any time.

Status of Norfolk Resilience Forum (NRF) plans where NCC is the lead agency

Why is this important?

Norfolk needs to be prepared to respond effectively on a multi-agency basis to emergencies when they occur by having developed, up-to-date and tested plans in place.

Performance



What is the background to current performance?

- The number and type of NRF emergency plans is based on a risk assessment summarised in the Norfolk Community Risk Register.
- The Norfolk Community Risk Register takes into account the national risk register and central government, Cabinet office, planning assumptions.
- The risk register is regularly reviewed and plans updated accordingly.
- In the last two years there has been a substantial review of NRF plans and plan review periods to take account of changes in the risk environment. New regulations (COMAH) were issued in 2015 which impacts on the content of plans.
- NRF Plans have been updated based on the changing risk environment and regulations. This has resulted in an additional plan for Waste Fires being identified.
- NCC is now the lead agency for 22 of the NRF plans as a result of the additional plan for Waste Fires. The figures suggest a deterioration in performance but this is due to the additional plan (in draft), those out for consultation (5) and under review (1). All other plans are current.

What will success look like?

- Compliance with the Civil Contingencies Act 2004 would require these plans to be up-to-date.
- Norfolk's confidence in a multi-agency ability to prepare for, respond to and recover from emergencies.
- The degree of public confidence in the ability of responders to manage and recover from emergencies in a timely and effective manner.

Action required

- Regular monitoring of the status of emergency plans
- Regular review of the Norfolk Community Risk Register
- Review and updating of plans based on the risk register, central government planning assumptions and regulations.
- Debrief, review and updating of plans following major emergencies.

Responsible Officers

Lead: Jan Davis Data: David Rimmer, Emma Tipple, Jayde Robinson (Principal Resilience Officers)

Quality of Looked After Child Review Health Assessments (Under 5 years)

Why is this important?

Looked After Children (LAC) are one of the most vulnerable groups in society. Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. Every LAC must have an up-to-date individual health plan, the development of which should be based on the written report of the health assessment.

By law, every child who becomes Looked After must have an Initial Health Assessment (IHA) by a registered medical practitioner within 28 days of becoming Looked After. LAC under five years require six-monthly LAC Review Health Assessments (RHA), these may be carried out by a registered nurse or midwife. The content of the RHA should be age-sensitive and developmentally appropriate. The LAC RHA is undertaken using a national framework and guidance; it is a holistic assessment, identifying any health needs and actions required by health or social care practitioners. RHA must be high quality, timely and comprehensive to support the best interests of the child and ensure optimum outcomes.

Performance

Indicator is: % of Looked After Children Review Health Assessments (0-4) that were fully completed within timescales, with all previously identified actions completed.

2015/16 Q4	
Total with timescales met	17 85%
Total with all fields complete	7 35%
Total - Percentage with actions that are completed	8 40%
Total where all conditions met	7 35%

- 2015/16 Q4 (first audit) represents the old delivery model.

- 2016/17 Q1 expected improvement with the new delivery model.

What is the story behind current performance?

- The Norfolk Integrated 0-19yrs Healthy Child Programme (HCP) is provided by Cambridgeshire Community Services NHS Trust (CCS).
- Norfolk LAC RHA for under-fives are delivered by Health Visitors.
- CCS are not commissioned to deliver the RHA for children over 5yrs
- CCS will audit the quality of under 5yrs LAC RHA every quarter.
- 20 RHA are sampled from different localities using a specifically designed tool, reporting to the HCP Performance Board
- A new model of delivery was implemented in early 2016; data lag reflects the historical legacy of the old model of delivery.
- Quality is expected to improve dramatically in 2016/17 Q1 with the new delivery model.

What will success look like?

- 100% of under 5yrs LAC RHA are undertaken within statutory timeframes; they are of high quality and identify child-focused health related actions which are completed in a timely fashion to deliver the optimum health outcomes for the child.

Action required

- Support CCS to implement the new model of delivery. This is underway and will begin to be reflected in the data from Q1 2016/17.
- Partnership working to ensure that the under 5yrs RHA process is clear, timely and high quality with the best outcomes for the child – not hampered by confusion, conflicting priorities or historical legacy

Responsible Officers

Lead: Suzanne Meredith - Consultant in Public Health

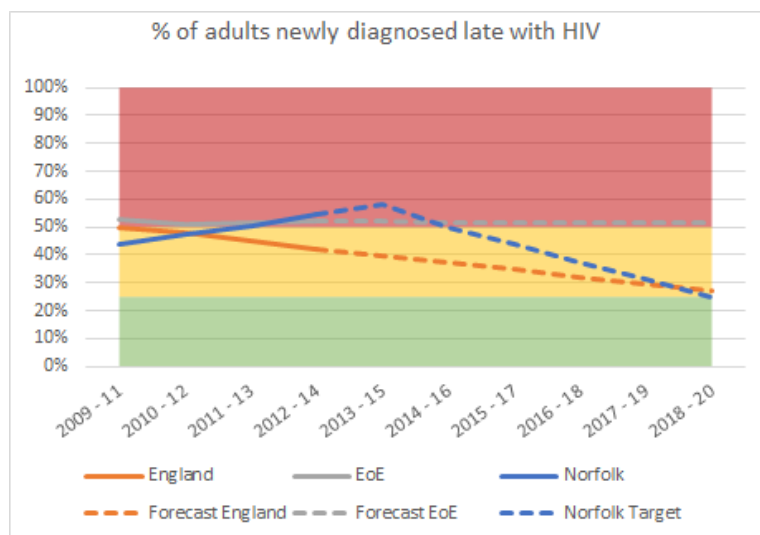
Data: Claire Gummerson - Public Health Officer

HIV late diagnosis

Why is this important?

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection and is essential to evaluate the success of expanded HIV testing. This indicator directly measures late diagnoses; over time it will show whether there is a trend towards earlier diagnosis. This indicator, as a measure of the time between infection and diagnosis, also indirectly informs our understanding of the proportion of HIV infections undiagnosed.

Performance



What is the background to current performance?

- In 2012-14, in Norfolk there were 71 people with HIV late diagnosis, out of 130 new cases (54.6%).
- Norfolk's percentage of adults newly diagnosed with late HIV has increased, whilst England's has decreased.
- The chart shows Public Health England's (PHE) RAG rating: Green <25%, Amber 25% to 50% and ≥50%. New Sexual Health provider started in 2015/16 and we would expect improvements in the results from 2014-16.
- In 2014 Norfolk's HIV prevalence is 1.11 per 1000, whilst Norwich's prevalence is 1.99 per 1000 (having dropped to from being a high prevalence area during the last two years). A prevalence of 2 is considered a high prevalence and BHIVA guide lines suggest expanding HIV testing.

What will success look like?

- Reduction in % of HIV late diagnosis
- Reduce the gap between England and Norfolk in % HIV late diagnosis.
- Reduce the rate of HIV late diagnosis to 50% in 2014-16 (PHE RAG rate amber) and reduce to <25% by 2018-20 (PHE RAG rate green).
- Reduction in prevalence of HIV.

Action required

- Extend HIV testing services to pharmacies, GPs and internet.
- Procurement of 3rd sector organisations that will target vulnerable, hard to reach groups who are at high risk.
- Marketing campaign, aimed to high risk groups, promoting STI testing.
- Our sexual health provider will be extending services to universities, gay venues, educational institutions and public places with high numbers of people.
- Provider is changing the process to improve communication of diagnosis results.

Responsible Officers

Lead: Dr Augustine Pereira - Consultant in Public Health

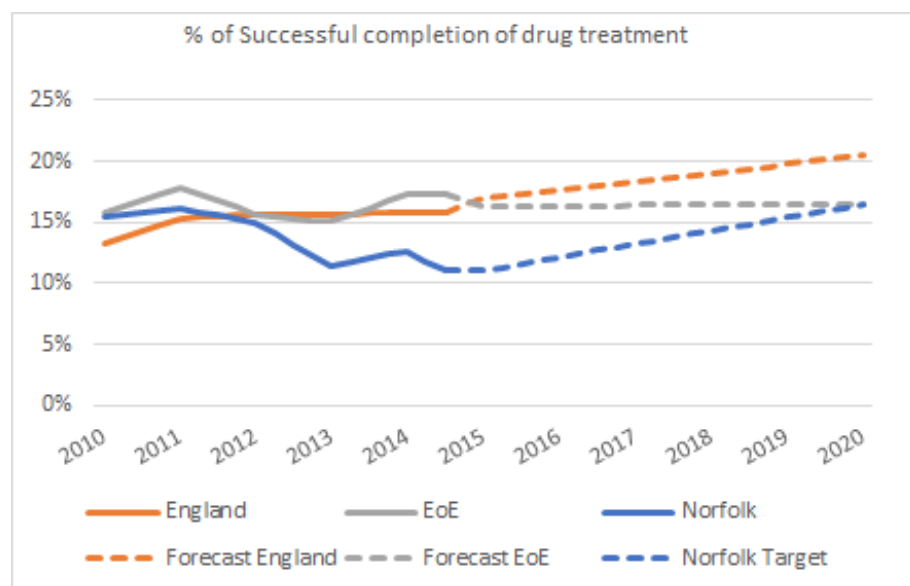
Data: Sandra Davies - Public Health Officer

Successful completion of drug treatment

Why is this important?

Individuals successfully completing drug treatment demonstrate significant improvements to their physical and mental health. Treatment also supports their wider well-being by helping them to address issues of housing, employment and family life. As well as benefitting the individual, drug-treatment benefits the wider community by reducing offending and anti-social behaviour and the transmission of blood-borne viruses.

Performance



What is the background to current performance?

- 303 adult substance misuse users left the drug treatment in July 2014 - June 2015 and did not re-present to treatment within 6 months, out of a total of 2,753 users (11% successful completion).
- Prior to 2012 drug treatment in Norfolk was provided by multiple organisations, leading to a complex and inequitable system. The service was re-commissioned and a single integrated service commenced in October 2012.
- The new service experienced an expected dip in performance during the transition period, but continued to decline prompting a Contract Query and followed by a Performance Notice in 27/03/14 to drive improvement.
- Performance improved following the Performance Notice but started to decline again after the Performance Notice was lifted 27/11/14.
- The provider has again been advised of performance issues and an action plan is now in place.
- Each data point requires 18 months' worth of data (12 months of completions and 6 months of re-presentations), this means it takes a long time for service changes to show in the data.

What will success look like?

- Closing the gap between England and Norfolk.
- Increase the percentage of successful completion of drug treatment to greater than 16.5% by 2020.

Action required

- An action plan has been implemented with objectives set to improve successful completions by focusing on aspects of service entry and assessment, prison discharges and the services offered to clients.
- Shared accountability by each of the partner agencies.

Responsible Officers

Lead: Dr Martin Hawkings - Consultant in Public Health

Data: Sandra Davies - Public Health Officer

4. Recommendation

- 4.1. For each vital sign that has been reported on an exceptions basis, Committee Members are asked to:

Review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required.

In support of this, Appendix 1 provides:

- A set of prompts for performance discussions
- Suggested options for further actions where the committee requires additional information or work to be undertaken.

5. Financial Implications

- 5.1. There are no significant financial implications arising from the development of the revised performance management system or the performance management report.

6. Issues, risks and innovation

- 6.1. There are no significant issues, risks and innovations arising from the development of the revised performance management system or the performance management report.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

Performance: **Officer name :** Daniel Harry **Tel No. :** 01603 222568
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If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Performance discussions and actions

Reflecting good performance management practice, there are some helpful prompts that can help scrutinise performance, and guide future actions. These are set out below.

Suggested prompts for performance improvement discussion

In reviewing the vital signs that have met the exception reporting criteria and so included in this report, there are a number of performance improvement questions that can be worked through to aid the performance discussion, as below:

1. Why are we not meeting our target?
2. What is the impact of not meeting our target?
3. What performance is predicted?
4. How can performance be improved?
5. When will performance be back on track?
6. What can we learn for the future?

In doing so, committee members are asked to consider the actions that have been identified by the vital sign lead officer.

Performance improvement – suggested actions

A standard list of suggested actions have been developed. This provides members with options for next steps where reported performance levels require follow-up and additional work.

All actions, whether from this list or not, will be followed up and reported back to the committee.

Suggested follow-up actions

	Action	Description
1	Approve actions	Approve actions identified in the report card and set a date for reporting back to the committee
2	Identify alternative/additional actions	Identify alternative/additional actions to those in the report card and set a date for reporting back to the committee
3	Refer to Departmental Management Team	DMT to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
4	Refer to committee task and finish group	Member-led task and finish group to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
5	Escalate to County Leadership Team	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to CLT for action
6	Escalate to Policy and Resources Committee	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to the Policy and Resources committee for action.

Appendix 2 – Communities Committee Vital Signs indicators

A vital sign is a key indicator from one of the Council's services which provides members, officers and the public with a clear measure to assure that the service is performing as it should and contributing to the Council's priorities. It is, therefore, focused on the results experienced by the community. It is important to choose enough vital signs to enable a good picture of performance to be deduced, but not so many that strategic discussions are distracted by detail.

There are 29 vital signs indicators for the Communities Committee, seven of which relate to Public Health. Those in bold, 6 out of a total of 30, are vital signs indicators deemed to have a corporate significance and so will be reported at both the Communities Committee and the Policy and Resources Committee. All of the vital signs indicators will be reported to the CES Departmental Management Team and the Public Health Management Team.

Key to services:

- AN – Active Norfolk
- CS – Customer Services
- CES – Community and Environmental Services Department
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- NLIS – Norfolk Library and Information Service
- NMAS – Norfolk Museums and Arts Service
- NRO – Norfolk Record Office
- PH – Public Health
- RES - Resilience
- TS – Trading Standards

Service	Vital Signs Indicators	What it measures	Why it is important	Data
CES	Norfolk's communities are resilient, confident and safe	Individuals, communities and public service working better together	Having an integrated approach to demand management and asset based community development, which targets agencies' investment at the most vulnerable localities, is critical to the Council and the delivery of the Re-Imagining Norfolk strategy.	TBD

Service	Vital Signs Indicators	What it measures	Why it is important	Data
NLIS	Library service use	Library visits – physical and virtual	To demonstrate ongoing relevance and delivery of NCC priorities and to meet income targets.	Monthly.
NLIS	Active use of library resources	% of active children and young people library users against population	Contributes to the sub outcome that ‘all vulnerable people who live, work learn and are cared for will be safe and are more resilient and independent’.	Monthly.
NLIS	Active use of library resources	% of older people who are active library users against population		Monthly.
NCLS	Learning outcomes achievement	Quality measures: learner success; tutor performance	To meet funder and Ofsted requirements (improvement curve: All schools and education establishments are judged good or better by Ofsted). To contribute to excellence in education sub outcomes.	TBD
NCLS	Transition to employment	Number of learners supported into employment	Contributes to specific target to increase the number of people with Learning disabilities in work. Real jobs sub outcome – everyone who is able to work has the opportunity to.	TBD
NCLS	Transition to employment	Apprenticeship funding utilisation	As part of NCC’s Strategy, covering Excellence in Education and Real Jobs and with a Central Government commitment to delivering 3,000,000 Apprenticeships over the next 5 years and an increasing reliance on apprenticeship funding as the only avenue for funded growth it is important in order to realise the strategy and provide sustainability.	Cumulative monthly.
NRO	Norfolk Record Office use	Norfolk Records Office Visits – physical and virtual including learning groups	Ensures that NRO collection is being utilised to deliver NCC priorities.	Cumulative monthly.

Service	Vital Signs Indicators	What it measures	Why it is important	Data
NMAS	Museum use	Museums visits – total visitors and school visits	Demonstrates contribution to Excellence sub outcomes and improvement curve.	Cumulative monthly.
TS	Business compliance with trading standards	% of businesses that are broadly compliant with trading standards	Helps ensure that poor business practice is corrected and consumers and legitimate businesses are protected.	Monthly.
NFRS	Response to emergencies	Emergency Response Standards	Responding quickly to an emergency can reduce the impact of the incident and save lives. We aim to get to a fire engine to 80% of 'Fires where life may be at risk' within 10 minutes and for 'Other emergencies where life may be at risk' within 13 minutes.	Monthly.
NFRS	Response to emergencies	On call fire station viability	Responding quickly to an emergency can reduce the impact of the incident. To do this the service needs its response resources to be available. This measure records the combined availability of the first on call fire engine from each station. The aim is to have these available 90% of the time.	Monthly.
RES	Response to emergencies	Status of Norfolk Resilience Forum plans to which NCC contributes	Ensure that plans and procedures are in place to prepare, respond and recover from emergencies.	Monthly.
CS	Customer satisfaction	Customer satisfaction with access channels	This measures the organisation's ability to respond efficiently and effectively to customer contact that are made.	Monthly.
CS	Channel shift	The percentage of Norfolk Households with an online account	This measures the percentage of our customer contacts that are made using electronic access as opposed to contact in person or by phone.	
HW	Road safety	Number of people killed and seriously injured on Norfolk's roads	Road casualties are a significant contributor to the levels of mortality and morbidity of Norfolk people, and the risks of involvement in KSI injuries are raised for both deprived and vulnerable groups in the Norfolk population.	Rolling twelve months.

Service	Vital Signs Indicators	What it measures	Why it is important	Data
AN	Active People participation data	Number of people involved in physical exercise and sport	Main measure for Sport England, the service's primary funder. Links with: health & well-being, academic attainment, jobs, good infrastructure.	TBD
AN	Physical inactivity	Inactive populations engaged across all programmes (<30 minutes per week at baseline) (%)	Key health & well-being measure as reducing inactivity is associated with significant savings to NHS and social care bill.	TBD
AN	Investment in Norfolk sport	Investment in sport & P.A. levered in by AN (£)	Demonstrates value Sport and physical activity brings to Norfolk economy, the role in employment, tourism and as a sector in its own right. Measure shows value added by service.	TBD
CES	External funding achievement	Income and external funding successfully achieved as a % of overall revenue budget	High quality organisations are successful in being able to attract and generate alternative sources of funding.	Cumulative monthly.
NMAS	Leverage of arts funding	Strategic investment by Arts Council England in cultural organisations and initiatives in Norfolk	Supports a diverse range of arts and cultural activity and events using minimal NCC direct investment.	TBD
PH	2.5 years integrated developmental review	% of Health and Developmental Reviews at age 2 – 2½ years that are delivered as part of the single integrated review with Early Years' Foundation Stage two year old summary.	Early intervention works best when the support systems operate in a co-ordinated manner.	Quarterly.
PH	Proportion of LAC aged 0-5yrs for whom health plan actions are complete at subsequent review	% of Looked After Children (LAC) aged 0-5yrs receiving a Review Healthcare Assessment in the last 12 months for whom all the actions due on their current Health Plan have been completed.	Looked after children have higher health needs due to their previous experiences with higher rates of mental health issues, emotional disorders such as anxiety and depression, hyperactivity and autistic spectrum disorder conditions.	Quarterly sample.

Service	Vital Signs Indicators	What it measures	Why it is important	Data
PH	Health and wellbeing measure	An overarching rank sum comprised of domains	This measure enables the overall health and wellbeing of people in different parts of Norfolk to be measured over time.	TBD
PH	Smoking Status at Time of Delivery / Smoking in pregnancy	The percentage of mothers smoking during pregnancy	Smoking in pregnancy can cause serious pregnancy-related health problems. Smoking in pregnancy is five times more likely in deprived areas so disproportionately impacts on deprived communities.	Quarterly.
PH	Engagement and retention of adult substance misuse clients	% of adult substance misuse users that left drug treatment successfully who do not re-present to treatment within 6 months	Poor parental mental health, exposure to domestic abuse and alcohol/drug abuse by parents strongly affect children's outcomes.	Quarterly.
PH	HIV late diagnosis performance	% of adults newly diagnosed late with HIV	Late diagnosis is associated with poorer outcomes, infection transmission and higher NHS and social care costs.	Annual.
PH	Reducing inequity in smoking prevalence	% of 4 week quits coming from the 20% most deprived areas in Norfolk.	Smoking is the most important cause of preventable ill health and premature mortality in the UK.	Quarterly.
PH	Teenage pregnancy	The rate of teenage pregnancies per 1,000 girls aged 15-17 years	Unplanned early parenthood can have devastating impacts on young parents' educational outcomes and aspirations, and on their future employment.	Quarterly, but significantly in arrears.

Two of the vital signs indicators listed above also appear on the EDT Committee list:

- 'Income and external funding successfully achieved as a % of overall revenue budget'
- 'Number of people killed and seriously injured on Norfolk's roads'.